,•									Application or Docket Number					
	PATENT A	APPLICATIO Effect	RD	019746548										
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								MALL EI	VIIIV	OR	OTHER			
TOTAL CLAIMS			21				·ſ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		B.	asic fee	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			∰ minus 20=					X\$ 9=		OR	X\$18=	18		
INDEPENDENT CLAIMS			/ minus 3 =		9			X40=		OR	X80=	160		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=)		
* If the difference in column 1 is less than zero, enter *0" in column 2							-	TOTAL		OR	TOTAL	888		
CLAIMS AS AMENDED - PART II								SMALL I	ENTITY		OTHER			
		(Column 1)		(Colui		(Column 3)	֝֡ <u>֡</u>	DMALL		OR I I	SMALL			
NT A	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	• 2	Minus	 2	-	= Ø,		X\$ 9=		OŖ	X\$18=			
ME	Independent	• 5	Minus	***	<u>S</u>	- D		X40=	٠	OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	·	OR	+270=	:		
_	2/15/03 (Column 1) (Column 2) (Column 3)							TOTAL			TOTAL	•		
9								DIT. FEE	L		ADDIT. FEE			
	· /	(Column 1) CLAIMS	1	High					ADDI-	1 1		ADDI-		
AMENDMENT B	· ·	REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL		
NO ME	Total	. 21	Minus		/	= /		X\$ 9=		6R	X\$18=	1		
AME	Independent	• S	Minus	••• 🤆	<u></u>	a /	$\ \ $	X40=		OR	хве=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR'	+270=			
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)								IUII. PEC		•	ADDII. FEE			
<u> [</u>		CLAIMS		HIG	IEST		1 _		ADDI-	l		ADDI-		
AMENDMENT C	- -	REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**		3] [X\$ 9=		OR	X\$18=	7		
	Independent	•	Minus	•••		=	1	X40=		OR	X80=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										 	<u> </u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	ļ		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total DR ADDIT. FEE ***Total Number Previously Paid For IN THIS SPACE is less than 3, enter "3." **Total DR ADDIT. FEE														
	The Highest Nur	nber Previously Pa	aid For (Total o	r Indepen	dent) is th	e highest numb	er found	d in the ap	propriate bo	x in co	Numn 1.	•		